DEPARTMENT OF HEALTH

Sex 3. This Birth 4. If Twin or Trip Was Child Born Single Twin Triplet 1st 2nd 3		Month	Day Year	5b. Hour
Place of Birth: City, Town or Rural Location			6b. Island	
Name of Hospital or Institution (If not in hospital or institution, give Kapiolani Maternity & Gynecological Ho		6d. Is Place o If no give		egekanjan til i kiloteti.
Usual Residence of Mother: City, Town or Rural Location	7b. Island		7c. County and State of	r Foreign Country
Street Address		If no give	ce Inside City or Town I judicial district to	Limits?
Mother's Mailing Address			7g. Is Residence on a Yes□	Farm or Plantation
Full Name of Father	W. C.		9. Race of Father	
Age of Father 11. Birthplace (Island, State or Foreign Country) 12a. Us	sual Occupation		12b. Kind of Business	or Industry
Full Maiden Name of Mother		etuntinin phituninin in merika iintini data j	14. Race of Mother	
Age of Mother 16. Birthplace (Island, State or Foreign Country) 17a. T	ype of Occupation	n Outside Home	During Pregnancy 17b.	Date Last Worker
rtify that the above stated 18s. Signature of Parent or Other Information is true and correct he best of my knowledge.	nant	i in the second	Parent   18b. Other	Date of Signature
reby certify that this child born slive on the date and restated above.			M.D.   19b. D.O.   Midwife   Other	Date of Signatur
Date Accepted by Local Reg. 21. Signature of Local Registrar			22. Date Acco	pted by Reg. Gener

TATE OF HAWAII

# CERTIFICATE OF LIVE BIRTH DEPARTMENT OF HEALTH

Child's First Name (Type or print)	1b. Middle Name		le. Last Name	
	4. If Twin or Triplet, Sa. Birth Ist 2nd 3rd Date	Month	Day Year	5b. Hour
Place of Birth: City, Town or Rural Location			6b. Island	
Name of Hospital or Institution (If not in hospital Kapiolani Maternity & Gynec			 of Birth Inside City or ' e judicial district No	Fown Limits?
Usual Residence of Mother: City, Town or Rural L	ocation 7b. Island		7c. County and State	or Foreign Country
Street Address		If no give	  ce Inside City or Town  - judicial district  Yo	Limits?
Mother's Mailing Address			7g. Is Residence on	B Farm or Plantatio
Full Name of Father		<del> </del>	9. Race of Father	
Age of Father 11, Birthplace (Island, State or Fore	ign Country) 12s. Usual Occupation	ettimospojan serga essentianialiajimaananan <u>i</u>	12b. Kind of Busine	ss or Industry
Full Maiden Name of Mother			14. Race of Mother	
Age of Mother 16. Birthplace (Island, State or Ford	eign Country) 17a. Type of Occupati	on Outside Home	During Pregnancy 171	. Date Last Worke
ertify that the above stated 18a. Signature of Par signature of Par signature of Par the best of my knowledge.	rent or Other Informant		Parent 18t	. Date of Signatur
ereby certify that this child boen alive on the date and ir stated above.	lendani		M.D. 191 D.O. 1 Midwife Other 1	o. Date of Signatur
Date Accepted by Local Reg. 21. Signature of Loc AUG 11 2017	al Registrar		22. Date Ac	cepted by Reg. Gener
Evidence for Delayed Filing or Alteration				

DEPARTMENT OF HEALTH

Child's First Name (Type	or print) 1b.	Middle Name	and the second s	lc. Last Name	
Sex 3. This Bi	<u>W</u> as Ch	or Triplet, 5a. ild Born Birth d 3rd Date	Month	Day Year	Sb. Hour
Place of Birth: City, Town				6b. Island	
	ion (If not in bespital or institut nity & Gynecologic	THE STATE OF THE S		 f Birth Inside City or To : judicial district  o □	y a garage and a second and a second
Usual Residence of Mother:	City, Town or Rural Location	7b. Island		7c. County and State or	Foreign Country
Street Address			If no give	 ce Inside City or Town L   judicial district  o	imits?
Mother's Mailing Address				7g. Is Residence on a   Yes	Farm or Plantation No 🗆
Full Name of Father				9. Race of Father	
Age of Futher 11. Birthp	lace (Island, State or Foreign Country)	12a. Usual Occupation		12b. Kind of Business	or Industry
Full Maiden Name of Mothe		Saramanakii neesta ja ka ja ka ja ka ja		14. Race of Mother	
Age of Mother 16. Birthy	lace (Island, State or Foreign Country)	17a. Type of Occupation	on Outside Home	During Pregnancy 17b.	Date Last Worke
rtify that the above stated rmation is true and correct he best of my knowledge.	8a. Signature of Parent or Oth	er Informant		Parent   18b. Other	Date of Signature
reby certify that this child born alive on the date and r stated above.	9a. Signature of Attendant			M.D. 19b. D.O. Midwife Other	Date of Signatur
Dan Hoopeld il Leed Reg.	11. Signature of Local Registra				pted by Reg. Gener
Evidence for Delayed Filing	or Alteration				

DEPARTMENT OF HEALTH

Sex 3. This Birth 4. If Twin or Triplet, Sa. Month Was Child Born Birth Date	Day Year Sb. Hour
Place of Birth: City, Town or Rural Location	6b, Island
Kaniolani Maternity & Gynecological Hospital If no. gi	of Birth Inside City or Town Limits? ve judicial district No
Usual Residence of Mother: City, Town or Rural Location 7b, Island	7c. County and State or Foreign Country
If no give	nce Inside City or Town Limits? re judicial district
Mother's Mailing Address	7g. Is Residence on a Farm or Plantation Yes No
Full Name of Father	9. Race of Father
	/ Mace of Famel
Age of Father 11. Birthplace (Island, State or Foreign Country) 12a. Usual Occupation	12b. Kind of Business or Industry
Age of Father 11. Birthplace (Island, State or Foreign Country) 12a. Usual Occupation  Full Maiden Name of Mother	
	12b. Kind of Business or Industry  14. Race of Mother
Full Maiden Name of Mother  Age of Mother 16. Birthplace (Island, State or Foreign Country) 17a. Type of Occupation Outside Home rtify that the above stated 18a. Signature of Parent or Other Informant remation is true and correct	12b. Kind of Business or Industry  14. Race of Mother
Full Maiden Name of Mother  Age of Mother 16. Birthplace (Island, State or Foreign Country) 17a. Type of Occupation Outside Home	12b. Kind of Business or Industry  14. Race of Mother  During Pregnancy 17b. Date Last Worker  Parent   18b. Date of Signature

DEPARTMENT OF HEALTH

Sex	3. This B Single□	irth Twin 🔲 🏻 Triplet	4. If Twin or Was Child  1st 2nd		5a. Birth Date	M	lonth	Day	Year	Sb.	Hour M
Place of Birth	ı: City, Town	or Rural Locatio						6b. Isla	nd		
22 August at 1970 Sandara		THE PARKS MALL ALCOHOL	spital or institution necological				If no. g	of Birth In ve judicial No	side City or district	Town Limi	te?
Usual Residen	ce of Mother:	City, Town or Ru	ral Location	7ь.	island				nty and State	or Foreign	Country
Street Address								ence Inside ve judicial No []	City or Tow district	n Limits?	19730. :
Mother's Maili	ng Address							7g. Is	Residence on Yes 🗌	a Farm or	Plantation
Full Name of I	Father				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			9. Rac	of Father		
Age of Father	11. Birth	place (Island, State o	Foreign Country) 128	. Usual C	ccupation			12Ь. К	ind of Busin	ess or Indus	try
Full Maiden N	lame of Moth		and the second s			<del></del>		14. Ra	e of Mather		
Age of Mothe	er 16. Birth	place (Island, State o	or Foreign Country) 17	і. Туре о	( Occupatio	n Outs	ide Hom	e During P	regnancy 1	b. Date L	aat Worke
tify that the a mation is true to best of my	and correct	18a. Signature o	f Parent or Other I	nformant				275	Other 🗌	d se stand	Signatur
reby certify the born slive on t stated above.	he date and	19a. Signature (	of Attendant						M.D. 19 D.O.   19 idwife   19 Other   19	9b. Date of	f Šignatui
Date Assented	by Local Reg.	21. Signature of	Local Registrar			<del></del>			22. Date A	ccepted by F	leg. Gener

DEPARTMENT OF HEALTH

Child's First Name (Type or print) 1b. Middle Name	1c. Last Name
Sex 3. This Birth 4. If Twin or Triplet, 5s. Month Was Child Born Birth Single Twin Triplet 1st 2nd 3rd Date	Day Year 5b. Hour
Place of Birth: City, Town or Rural Location	6b. Island
Kapiolani Maternity & Gynecological Hospital	e of Birth Inside City or Town Limits? give judicial district No
Usual Residence of Mother: City, Town or Rural Location 7b, Island	7c. County and State or Foreign Country
Street Address 7c. Is Resident If no g	lence Inside City or Town Limits? rive judicial district No
Mother's Mailing Address	7g. Is Residence on a Farm or Plantation Yes No No
Full Name of Father	9. Race of Father
Age of Father 11. Birthplace (Island, State or Foreign Country) 12a. Usual Occupation	12b. Kind of Business or Industry
Full Maiden Name of Mother	14. Race of Mother
Age of Mother 16. Birthplace (Island, State or Foreign Country) 17a. Type of Occupation Outside Hon	ne During Pregnancy 17b. Date Last Worke
ertify that the above stated 18a. Signature of Parent or Other Informant primation is true and correct the best of my knowledge.	Parent 18b. Date of Signature
ereby certify that this child born slive on the date and r stated above.	M.D. 19b. Date of Signatus D.O. Midwife Other
Date Accepted by Local Reg. 21. Signature of Local Registrar  AUG 1 1 2017	22. Date Accepted by Reg. Gener
Evidence for Delayed Filing or Alteration	

DEPARTMENT OF HEALTH

Sex	3. This Birth Single Twin Triplet	4. If Twin or To Was Child Bo		Mon	lh	Day Year	Sb. Hour
Place of Birth:	City, Town or Rural Location					6b. [sland	
Kapiolan	al or Institution (If not in ho i Maternity & Gyr	necological	A PERSON AND DESCRIPTION OF THE PERSON OF TH	If	no, give	f Birth Inside City o Judicial district	r Town Limits?
Usual Residence	of Mother: City, Town or Rus	al Location	7b. Island		1880,7		te or Foreign Country
Street Address				7c. Is If	nq give	ce Inside City or To judicial district	wn Limits?
Mother's Mailing	g Address					7g. Is Residence o	n a Farm or Plantation
Full Name of Fa	ther					9. Race of Father	
Age of Father	11. Birthplace (Island, State or	Foreign Country) 12a.	Usual Occupation	··		12b. Kind of Busi	ness or Industry
Full Maiden Na	me of Mother	affinnumma/pairmine	<del>ainaina minimaana ka mada ili da</del>		**************************************	14. Race of Mothe	e F
Age of Mother	16. Birthplace (Island, State o	r Foreign Country) 17a.	Type of Occupation	n Outside	Home	During Pregnancy	17b. Date Last Worke
rtify that the abormation is true as ne best of my kn	nd correct	Parent or Other Info	ormant			Parent	18b. Date of Signature
reby certify that born slive on the stated above.		f Attendant				M.D	19b. Date of Signatur
Date Accepted by	Local Reg. 21. Signature of	Local Registrar		<del></del>		22. Date	Accepted by Reg. Gener

DEPARTMENT OF HEALTH

Single Twin Triplet 1st	Twin or Triplet, Sa. s Child Born Birth 2nd 3rd Date	Month Day	ear Sb. Hour
Place of Birth: City, Town or Rural Location		6b. Island	
Name of Hospital or Institution (If not in hospital or ins Kapiolani Maternity & Gynecolog		. Is Place of Birth Inside Cit If no, give judicial district Yes . No .	ly or Town Limits?
Usual Residence of Mother: City, Town or Rural Location	7b. Island		State or Foreign Country
Street Address	[7e,	Is Residence Inside City or If no give judicial district	Town Limits?
Mother's Mailing Address		7g. Is Residenc	e on a Farm or Plantation
Full Name of Father		9. Race of Fat	
Age of Father 11, Birthplace (Island, State or Foreign Coun	123. Usual Occupation	12b. Kind of E	Susiness or Industry
Full Maiden Name of Mother	Andrew Andrewski and Andrewski	14. Race of M	other
Age of Mother 16. Birthplace (Island, State or Foreign Cour	ntry) 17a. Type of Occupation O	utside Home During Pregnanc	y 17b. Date Last Worker
ertify that the above stated is a. Signature of Parent or is true and correct he best of my knowledge.	Other Informant	Parent Other	18b. Date of Signature
19a. Signature of Attendant		M.D. [ D.O. [ Midwife [	19b. Date of Signatur
born slive on the date and r stated above.	onografia i sustanti se sustanti se sustanti s	Other	

DEPARTMENT OF HEALTH

Sex 3. This Birth 4. If Twin or Triplet, 5s. Month Was Child Born Birth Single Twin Triplet 1st 2nd 3rd Date	Day Year Sb. Hour
Place of Birth: City, Town or Rural Location	6b. Island
Kapiolani Maternity & Gynecological Hospital	ee of Birth Inside City or Town Limits? give judicial district
Usual Residence of Mother: City, Town or Rural Location 7b, Island	7c. County and State or Foreign Country
It no	dence Inside City or Town Limits? give judicial district
Mother's Mailing Address	7g. Is Residence on a Farm or Plantation Yes □ No □
Full Name of Father	9. Race of Father
Age of Father 11. Birthplace (Island, State or Foreign Country) 12a. Usual Occupation	12b. Kind of Business or Industry
Full Maiden Name of Mother	14. Race of Mother
Age of Mother 16. Birthplace (Island, State or Foreign Country) 17a. Type of Occupation Outside Ho	me During Pregnancy 17b. Date Last Worker
rtify that the above stated 18a. Signature of Parent or Other Informant rmation is true and correct be best of my knowledge.	Parent 18b. Date of Signature Other 1
	M.D. 19b. Date of Signatur D.O. Midwife
reby certify that this child born alive on the date and r stated above.  Data Accepted by Local Reg. 21. Signature of Local Registrar	Other 🔲

DEPARTMENT OF HEALTH

Child's First Name (Type or print)	1b. Middle Name			Ic. Last !	Vame		hillur ud
Sex 3. This Birth Single Twin Triplet		5a. Birth Date	Month	Day	Year	5b. Hour	M
Place of Birth: City, Town or Rural Location				6b. Island			2015
Name of Hospital or Institution (If not in hospital Kapiolani Maternity & Gyned	cological Hospi		If no, give Yes \(\Boxed{\text{N}}\)	Birth Inside judicial dist	rict		
Usual Residence of Mother: City, Town or Rural L	ocation 7b. Is	land		7c. County	and State or	Foreign Coun	ry
Street Address		/7e	If no give	ce Inside City judicial distr o []	or Town L	imits?	
Mother's Mailing Address					2002 1	Farm or Plant No 🗆	atio
Full Name of Father				9. Race of			
Age of Father 11. Birthplace (Island, State or Fore	rign Country) 12a. Usual Oc	cupation		12b. Kind	of Business	or Industry	
Full Maiden Name of Mother	ngin di Militaria - an an Andrea - Maraman i pandana mandana and i inggala an	<del>minoritorias — irimonosias</del>		14. Race o	f Mother		
Age of Mother 16. Birthplace (Island, State or Foo	eign Country) 17a. Type of	Occupation O	itside Home	During Pregr	nancy 17b.	Date Last W	orke
rmation is true and correct he best of my knowledge.	rent or Other Informant			Pare Oth	-	Date of Sign	atur
ereby certify that this child born alive on the date and r stated above.	(tendant			M. D. Midw Oth		Date of Sign	iatu
AUG 1 1 2017	cal Registrar	· · · · · · · · · · · · · · · · · · ·	······································	22.	Date Accep	pted by Reg. G	ene
Evidence for Delayed Filing or Alteration				менто по поста в населения			فيسيس

DEPARTMENT OF HEALTH

Child's First Name (Type or print)	1b. Middle Name		lc. Last Name	
Sex 3. This Birth Single Twin Triplet	4. If Twin or Triplet, Sa. Was Child Born Birth  1st 2nd 3rd Date	Month	Day Year	5b. Hour
Place of Birth: City, Town or Rural Location			6b. Island	
Name of Hospital or Institution (If not in hospit Kapiolani Maternity & Gyne	그리 그는 그를 하는 것이 하는 것이 하면 하는 것이 되었다면 보고 그리고 얼마를 하는데 되었다.	If no, giv	 of Birth Inside City or ¶ e judicial district No □	Fown Limits?
Usual Residence of Mother: City, Town or Rural I	Location 7b. Island		7c. County and State	or Foreign Country
Street Address		If nq giv	oce Inside City or Town e judicial district No	Limits?
Mother's Mailing Address			7g. Is Residence on a	B Farm or Plantation
Full Name of Father	**************************************		9. Race of Father	
Age of Father 11. Birthplace (Island, State or For	reign Country) 12a. Usual Occupation		12b. Kind of Busines	es or Industry
Full Maiden Name of Mother	iterit mil 1940-territori santa kirita i <mark>k</mark> aramaninin muun minin minin muun maanin maasaanin maasaa kirita ila	<del>. II - 'i </del>	14. Race of Mother	
Age of Mother 16. Birthplace (Island, State or Fo	oreign Country) 17a. Type of Occup	ation Outside Home	During Pregnancy 171	o. Date Last Worke
rmation is true and correct he best of my knowledge.	arent or Other Informant		Parent 18h	). Date of Signature
reby certify that this child born alive on the date and above.	Attendant		M.D.   191 D.O.   Midwife   Other	b. Date of Signatur
Date Accepted by Local Reg. 21. Signature of Lo	cal Registrar		22. Date Ac	cepted by Reg. Gener
Evidence for Delayed Filing or Alteration				Mike and the second of the sec

DEPARTMENT OF HEALTH

Child's First Name (Type or print)	1b. Middle Name		lc, Last Name	And Maria Care Care Care Care Care Care Care Car
Sex 3. This Birth Single Twin Triplet	4. If Twin or Triplet, Was Child Born Birth Date	Month	Day Year	5b. Hour
Place of Birth: City, Town or Rural Location			6b. Island	
Name of Hospital or Institution (If not in hospital Kapiolani Maternity & Gyned		If no, give	Birth Inside City or To judicial district	own Limits?
Usual Residence of Mother: City, Town or Rural L	ocation 7b, Island		7c. County and State or	Foreign Country
Street Address		If no give	ce Inside City or Town L judicial district	āmits?
Mother's Mailing Address			7g. Is Residence on a	Farm or Plantation
Full Name of Father			9. Race of Father	
Age of Father 11. Birthplace (Island, State or Fore	ign Country) 12a. Usual Occupation	Marana ang ang ang ang ang ang ang ang ang	12b. Kind of Business	or Industry
Full Maiden Name of Mother	tina dia mandri di Santa di S		14. Race of Mother	
Age of Mother 16. Birthplace (Island, State or For	eign Country) 17a. Type of Occupati	on Outside Home	During Pregnancy 17b.	Date Last Worker
ertify that the above stated remation is true and correct the best of my knowledge.	rent or Other Informant	estation of the life in the contract of the co	Parent   18b.	Date of Signature
ereby certify that this child born slive on the date and ir stated above.			M.D. 19b. D.O. 19b. Midwife Other	Date of Signatur
AUG 1 1 2017	al Registrar		22. Date Acce	pted by Reg. Gener
Evidence for Delayed Filing or Alteration			ta an earg cheala d'Ara gu ag làith an gu air an tarbhaile a	

DEPARTMENT OF HEALTH

Sex 3. This Birth Single Twin Triplet	4. If Twin or Triplet, Was Child Born  1st 2nd 3rd Dat		Day Year	Sb. Hour
Place of Birth: City, Town or Rural Location			6b. Island	
Name of Hospital or Institution (If not in hospital Kapiolani Maternity & Gyn	ecological Hospita	If no, gi	of Birth Inside City or To ve judicial district No []	wn Limits?
Usual Residence of Mother: City, Town or Rurs	l Location 7b. Island		7c. County and State or	Foreign Country
Street Address		If no giv	nce Inside City or Town L ve judicial district No	imius?
Mother's Mailing Address			7g. Is Residence on a l	Farm or Plantation No 🗆
Full Name of Father			9. Race of Father	
Age of Father 11, Birthplace (Island, State or	Foreign Country) 12s. Usual Occup	ation	12b. Kind of Business	or Industry
Full Maiden Name of Mother	namen en e	diine i a sii in ar quandi turuni addinada addinada addinada addinada addinada addinada addinada addinada addinada	14. Race of Mother	
Age of Mother 16. Birthplace (Island, State or	Foreign Country) 17a. Type of Occ	upation Outside Home	During Pregnancy 17b.	Date Last Worke
ertify that the above stated 18a. Signature of principles of my knowledge.	Parent or Other Informant		Parent 18b.	Date of Signature
ereby certify that this child born alive on the date and ir stated above.			M.D. 19b. D.O. Midwife Other	Date of Signatur
Date Accepted by Local Reg. 21. Signature of	Local Registrar		22. Date Accep	pted by Reg. Gener

DEPARTMENT OF HEALTH

Child's First Name (Type or print)	1b. Middle Name		lc. Last Name	
Sex 3. This Birth Single Twin Triplet	4. If Twin or Triplet, Was Child Born Birth Date	Month	Day Year	5b. Hour
Place of Birth: City, Town or Rural Location			6b. Island	
Name of Hospital or Institution (If not in hospit Kapiolani Maternity & Gyne	하는 보다 돌아가려면, 그렇게 가면 맛있다. 그는 국가에 얼굴하는 것이 모든 점점 없었다면 하는 것 같습니다.	If no, giv	 f Birth Inside City or T e judicial district Yo □	1.000000 1.1 6888884
Usual Residence of Mother: City, Town or Rural	Location 7b, Island		7c. County and State o	r Foreign Country
Street Address		If no give	lice Inside City or Town judicial district	Limits?
Mother's Mailing Address			7g. Is Residence on a	Farm or Plantation
Full Name of Father			9. Race of Father	
Age of Father 11. Birthplace (Island, State or Fo	reign Country) 12s. Usual Occupation	<del>der en </del>	12b. Kind of Business	or Industry
Full Maiden Name of Mother		<del>ง.ส.า.องกัจองที่พลากเล้าหนามา.เกเนนจะพนที่ไ</del> ด้ก่อ	14. Race of Mother	
Age of Mother 16. Birthplace (Island, State or Fe	oreign Country) 17a. Type of Occupati	on Outside Home	During Pregnancy 17b	. Date Last Worke
ertify that the above stated   18a. Signature of P   18a. Signatur	arent or Other Informant	50	Parent 18b.	Date of Signature
ereby certify that this child born alive on the date and ir stated above.	Attendani		M.D. 19b D.O. 1 Midwife Other	. Date of Signatur
AUG 11 2017 Signature of Lo	ocal Registrar		22. Date Acc	epted by Reg. Gener
Evidence for Delayed Filing or Alteration				

DEPARTMENT OF HEALTH

Child's First Name (Type or print)	1b. Mic	idle Name		lc. Last Name	
Sex 3. This Birth Single Twin Trip	4. If Twin or T Was Child B plet 2nd		Month	Day Year	5b. Hour
Place of Birth: City, Town or Rural Local				6b. Island	
Name of Hospital or Institution (If not in Kapiolani Maternity & C		and a second of the second of		 of Birth Inside City or e judicial district No	Town Limits?
Usual Residence of Mother: City, Town or	Rural Location	7b. Island		7c. County and State	or Foreign Country
Street Address			If no give	  ce Inside City or Town  - judicial district  Yo	Limits?
Mother's Mailing Address				7g. Is Residence on	a Farm or Plantation
Full Name of Father				9. Race of Father	
Age of Father 11. Birthplace (Island, State	e or Foreign Country) 12a.	Usual Occupation		12b. Kind of Busine	ss or Industry
Full Maiden Name of Mother				14. Race of Mother	
Age of Mother 16. Birthplace (Island, Sta	tte or Foreign Country) 17a.	Type of Occupati	on Outside Home	During Pregnancy 17	b. Date Last Worke
ertify that the above stated 18a. Signature or stated is true and correct the best of my knowledge.	e of Parent or Other Inf	ormani		Parent 18	b. Date of Signature
ereby certify that this child born slive on the date and ir stated above.	e of Attendant			M.D. 19 D.O. Midwife Other	b. Date of Signatur
AUG 1 1 2017	of Local Registrar				cepted by Reg. Gener
Evidence for Delayed Filing or Alteration					

DEPARTMENT OF HEALTH

Child's First Name (Type or print)	1b. Middle Name		Ic. Last Name	
Sex 3. This Birth Single Twin Triplet	4. If Twin or Triplet, Was Child Born Birth Date	Month	Day Year	Sh. Hour
Place of Birth: City, Town or Rural Location			6b. Island	
Name of Hospital or Institution (If not in hospi Kapiolani Maternity & Gyne			 f Birth Inside City or T : judicial district fo	own Limits?
Usual Residence of Mother: City, Town or Rural	Location 7b. Island		7c. County and State of	or Foreign Country
Street Address		If no give	 ce Inside City or Town   judicial district  o	Limits?
Mother's Mailing Address			7g. Is Residence on a	Farm or Plantation
Full Name of Father			9. Race of Father	
Age of Father 11. Birthplace (Island, State or Ed	oreign Country) 12a. Usual Occupation		12b. Kind of Busines	e or Industry
Full Maiden Name of Mother		ne manismitittulmidutaamanistamiistaji	14. Race of Mother	
Age of Mother 16. Birthplace (Island, State or F.	oreign Country) 17a. Type of Occupation	on Outside Home	During Pregnancy 17b	. Date Last Worke
ertify that the above stated armation is true and correct the best of my knowledge.	arent or Other Informant	อริกร์ พร้องโรค - คร้องใช้สำคัญสายเสียงสายเสียงสายเสียงสายเสียงสายเสียงสายเสียงสายเสียงสายเสียงสายเสียงสายเสียงสายเสีย	Parent 18b	. Date of Signature
ereby certify that this child born alive on the date and r stated above.	Attendant		M.D.   19b D.O.   Midwife   Other	. Date of Signatur
Date Accepted by Local Best 21. Signature of L.	ocal Registrar		22. Date Acc	epted by Reg. Gener
Evidence for Delayed Filing or Alteration				

DEPARTMENT OF HEALTH

Child's First Name (Type or print)	1b. Middle Name		lc. Last Name	
	Twin or Triplet, 5s. as Child Born Birth 2nd 3rd Date	Month	Day Year	5b. Hour
Place of Birth: City, Town or Rural Location			6b. Island	
Name of Hospital or Institution (If not in hospital or in Kapiolani Maternity & Gynecolo	gical Hospital		 f Birth Inside City or To e judicial district Vo □	wn Limite?
Usual Residence of Mother: City, Town or Rural Location	7b. Island		7c. County and State or	Foreign Country
Street Address	•	If no give	ice Inside City or Town L padicial district	imlts?
Mother's Mailing Address			7g. Is Residence on a l Yes□	Farm or Plantation
Full Name of Father			9. Race of Father	
Age of Father 11. Birthplace (Island, State or Foreign Court	niry) 12a. Usual Occupation		12b. Kind of Business	or Industry
Full Maiden Name of Mother			14. Race of Mother	and the state of t
Age of Mother 16. Birthplace (Island, State or Foreign Cou	intry) 17a. Type of Occupation	n Outside Home	During Pregnancy 17b.	Date Last Worke
ertify that the above stated or signature of Parent or promation is true and correct the best of my knowledge.	The transport of the second of	niki i i iki i je i semenanja niki ili mamaluma.	Parent 18b.	Date of Signature
ereby certify that this child born alive on the date and r stated above.			M.D. 19b. D.O. Midwife Other	Date of Signatur
Date Accepted by Local Reg. 21. Signature of Local Reg	ietrar		22. Date Accep	oted by Reg. Gener
Evidence for Delayed Filing or Alteration			**************************************	

DEPARTMENT OF HEALTH

Child's First Name (Type or print)	lb. Middle Name	42 M 1 1 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1	lc. Last Name	
Sex 3. This Birth Single Twin Triplet	4. If Twin or Triplet, Sa. Was Child Born Bir Ist 2nd 3rd Dat	th	Day Year	5b. Hour
Place of Birth: City, Town or Rural Location			6b. Island	***************************************
Name of Hospital or Institution (If not in hospit Kapiolani Maternity & Gyne	cological Hospita	If no, giv	of Birth Inside City or T ve judicial district No	own Limits?
Usual Residence of Mother: City, Town or Rural I	ocation 7b, Island		7c. County and State of	r Foreign Country
Street Address		If nq_giv	nce Inside City or Town e judicial district No	Limits?
Mother's Mailing Address			7g. Is Residence on a	Farm or Plantation
Full Name of Father			9. Race of Father	
Age of Father 11. Birthplace (Island, State or For	eign Country) 12s. Usual Occupi	stion	12b. Kind of Business	or Industry
Full Maiden Name of Mother	***************************************		14. Race of Mother	
Age of Mother 16. Birthplace (Island, State or Fo	reign Country) 17a. Type of Occ	upation Outside Home	During Pregnancy 17b.	Date Last Worker
ertify that the above stated lass. Signature of Pa armation is true and correct the best of my knowledge.	rent or Other Informant		Parent 18b.	Date of Signature
ereby certify that this child born alive on the date and ir stated above.			M.D.   19b. D.O.   Midwife   Other	. Date of Signatur
Date Accepted by Localities. 21. Signature of Localities	cal Registrar		22. Date Acco	epted by Reg. Gener
Evidence for Delayed Filing or Alteration			antina segistim isinin ji 4-ti pitiniti ili madanusee vadin oodi	<del>dustination (il constituto de la cons</del> tituto de la constituto de la const

DEPARTMENT OF HEALTH

Child's First Name (Type	e or print)	1b. Middle Nam	ė		lc. Last Name	
Sex 3. This Single		Twin or Triplet, S Child Born 2nd 3rd 3	5s. Birth Date	Month	Day Ye	ar Sb. Hour
Place of Birth: City, Town	n or Rural Location				6b. Island	
Kapiolani Mate	ution (If not in hospital or inc rnity & Gynecolog	gical Hospi	THE RESERVE AND THE PROPERTY OF THE PERSON O		│ of Birth Inside City re judicial district No □	or Town Limits?
Usual Residence of Mother	: City, Town or Rural Location	7ъ.	island		7c. County and S	tate or Foreign Country
Street Address				If no giv	Ince Inside City or T e judicial district	own Limits?
Mother's Mailing Address					7g. Is Residence Yes	on a Farm or Plantatio
Full Name of Father					9. Race of Fathe	
Age of Father 11. Birth	splace (Island, State or Foreign Coun	ury) 12a. Usual O	ccupation		12b. Kind of Bu	siness or Industry
Full Maiden Name of Moth	er			<del>วามสามารถสายสารแผนสามารถสารมีกำรั</del>	14. Race of Mot	her
Age of Mother 16. Birth	iplace (Island, State or Foreign Cou	ntry) 17a. Type o	Cocupatio	n Outside Home	During Pregnancy	17b. Date Last Works
rify that the above stated rmation is true and correct he best of my knowledge.	18a. Signature of Parent or	Other Informant			Parent	18b. Date of Signatur
reby certify that this child born alive on the date and r stated above.	19a. Signature of Attendant				M.D. D.O. Midwife Other	19b. Date of Signatu
Date Accepted pd Food de	21. Signature of Local Regi	strar		An an Champing I gaminus ann ann an Air agus i an	1 m, mm 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	Accepted by Reg. Gener
Evidence for Delayed Filin	ng or Alteration				<del>antaumin atturiorisma aminintripusi keensaa</del>	

DEPARTMENT OF HEALTH

Child's First Name (Type or print)	lb. Middle Na	me	en gegeneles elemente en la	lc. Last Name	
Sex 3. This Birth Single Twin Triplet	4. If Twin or Triplet, Was Child Born 1st 2nd 3rd	5a. Birth	Month	Day Ye	ar 5b Hour
Place of Birth: City, Town or Rural Location				6b. Island	
Name of Hospital or Institution (If not in hospital Kapiolani Maternity & Gyneo	cological Hosp		If no, giv	] of Birth Inside City e judicial district Yo □	or Town Limits?
Usual Residence of Mother: City, Town or Rural L	ocation 7b.	Island		7c. County and S	tate or Foreign Country
Street Address			If no give	L ce Inside City or 1 e judicial district No []	Cown Limits?
Mother's Mailing Address				7g. Is Residence Yes□	on a Farm or Plantation
Full Name of Father				9. Race of Fath	
Age of Father 11. Birthplace (Island, State or Fore	ign Country) 12a. Usual	Occupation		12b. Kind of Bu	siness or Industry
Full Maiden Name of Mother	<del>uninteriorie de la Co</del> nstitución de la Constitución de la Constitució		·	14. Race of Mo	her
Age of Mother 16. Birthplace (Island, State or For	eign Country) 17a. Type	of Occupatio	n Outside Home	During Pregnancy	17b. Date Last Worker
ertify that the above stated 18s. Signature of Partymetion is true and correct the best of my knowledge.	rent or Other Informant			Parent [	18b. Date of Signature
ereby certify that this child born slive on the date and ir stated above.	lendani			Other	19b. Date of Signatur
AUG Local Reg. 21. Signature of Loc	al Registrar			22. Dai	e Accepted by Reg. Gener
Evidence for Delayed Filing or Alteration					